

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3933

## 1. PLACE OF DEATH

County

Cecil

108

Registration Dist. No.

94

Village or City

Eden Neck Md

St.

Ward

ND.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

William Loisie Abbott M.D.

(a) Residence: No.

North East Md P.O.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 23 1860

7. AGE

76

Years

1

Months

9

Days

9

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Philadelphia Pa

13. NAME

Redmond Abbott

14. BIRTHPLACE (city or town)

(State or country)

Weston New Jersey

15. MAIDEN NAME

Diana F. Keating

16. BIRTHPLACE (city or town)

(State or country)

Newark New Jersey

17. INFIRMARY

Miss Gertrude Abbott

(Address)

Philadelphia Pa

Place: St James Infirmary Date: April 4, 1936

Talbot St. between School &amp; 1st

18. BURIAL, CREMATION, OR REMOVAL

Joseph R. Grant

(Address)

North East Maryland

Place: St. James Infirmary Date: April 4, 1936

Talbot St. between School &amp; 1st

19. UNDERTAKER

Joseph R. Grant

(Address)

North East Maryland

Place: St. James Infirmary Date: April 4, 1936

Talbot St. between School &amp; 1st

20. FILED

To Mr. Clegg

(Address)

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr. 2  
(Month) (Day)1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from Mar 30, 1936, to Apr 2, 1936

I last saw him alive on Mar 30, 1936, death is said to have occurred on the date stated above, et 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis

Date of onset

1-6-36

## Other Contributory Causes of Importance:

Lobar Pneumonia

Jan '36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HME, or In PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. B. Clegg M.D.

(Address) North East, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|  | Date of onset |
|--|---------------|
| Arteriosclerosis                         | 1915          |
| Chronic interstitial nephritis           | 1921          |
| Cerebral hemorrhage                      | July 5, 1927  |
| Other contributory causes of importance: |               |
| Gallstones                               | May 1, 1923   |

*RECEIVED APR 1 1928*

Example II

The principal cause of death and related causes of importance were as follows:

|  | Date of onset |
|--|---------------|
| Attack of epilepsy                       | 1 week ago    |
| Run over by street car                   | 1 week ago    |
| Peritonitis                              | 3 days ago    |
| Other contributory causes of importance: |               |
| Gastroenteritis                          | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3934

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County CecilVillage or City North EastRegistration Dist. No. 94

X

94

St. Ward

Length of residence in city or town where death occurred.

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Richard Allen Booker(a) Residence: No. North East Rd #2St. Rd

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ✓6. DATE OF BIRTH (month, day, and year) July 30 19357. AGE YearsMonths8Days3If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.OCCUPATION ✓8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. none9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. ✓10. Date deceased last worked at  
this occupation (month and  
year) ✓11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) North EastRd13. NAME Wallace shelter Booker14. BIRTHPLACE (city or town)  
(State or country) ✓15. MATURE NAME Betha Mary Wanger16. BIRTHPLACE (city or town)  
(State or country) North East RdRd17. INFORMANT Betha Mary Booker(Address) North East Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's C.M.P.Date Apr 4, 193619. UNDERTAKER Joseph P. Grant(Address) North East Rd20. FILED 4-4-36, 1936

Reg. W. Clerk

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April2, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from  
March 31, 1936, to April 2, 1936.I last saw him alive on April 1, 1936; death is said  
to have occurred on the date stated above, at 12:10 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Lobar pneumonia  
BronchitisDate of onset  
3/31/36  
2/29/36

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) James F. Johnson M. D.  
(Address) 232 E. 14th St., Ellicott, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                  |               |
|--------------------------------|------------------|---------------|
| Arteriosclerosis               | RECEIVED         | Date of onset |
| Chronic interstitial nephritis | MAY 2 1936       | 1915          |
| Cerebral hemorrhage            |                  | 1921          |
|                                | BIRMINGHAM V. S. | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |               |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
|                 | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3935

## 1. PLACE OF DEATH

County

Cecil

(13)

Registration Dist. No.

91

Village or City

St. Augustine

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Stephen Bordley

6. DATE OF BIRTH (month, day, and year)

Nov 26 1881

7. AGE

Years  
54Months  
04Days  
25If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Chesapeake City Md

MOTHER

FATHER

Oscar W Jones

no information

no information

Sophia Cooper

no information

Henry Jones

Chesapeake City Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Marion Date Apr 24, 1936

19. UNDERTAKER

(Address)

2t. W P Spain

Eaton Md

20. FILED

(Address)

7/23, 1936 B H Brown

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

21

1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to April 24, 1936

I last saw her alive on April 21, 1936; death is said to have occurred on the date stated above, at 2:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage  
Cardinal HypertensionChronic nephritis Duration: 14 years  
Cervical

Other Contributory Causes of Importance:

Hepatitis & Chronic  
Coronary heart sufficiency

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James L Johnson M.D.  
(Address) 733 E. 31st St., Elmhurst

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: |              | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis   |              | 1915          |
| Chronic interstitial nephritis   | MAY 4 1938   | 1921          |
| Cerebral hemorrhage  | BUREAU V. S. | July 5, 1927  |
|  |              |               |
|  |              |               |
|  |              |               |

**Example II**

| The principal cause of death and related causes of importance were as follows: |  | Date of onset |
|--|--|---------------|
| Attack of epilepsy   |  | 1 week ago    |
| Run over by street car   |  | 1 week ago    |
| Peritonitis  |  | 3 days ago    |
|  |  |               |
|  |  |               |
|  |  |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |
|                 |        |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3936

## 1. PLACE OF DEATH

County CecilVillage or City Conowingo Md.Length of residence in city or town where death occurred 93 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_ St., \_\_\_\_\_ Ward  
mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

George O. Butler

(a) Residence: No. \_\_\_\_\_

(Usual place of abode)

If U.S. Veteran specify WAR \_\_\_\_\_ X

St., \_\_\_\_\_ Ward.

If nonresident give city or town and State \_\_\_\_\_ X

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

colored

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

unknown 18437. AGE      Years      Months      Days      if LESS than  
about 93      -      -      1 day,      hrs.  
or      min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Conowingo  
Cecil Co Md.

13. NAME

Samuel Butler

14. BIRTHPLACE (city or town)

(State or country)

Conowingo  
Cecil Co Md.

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

(State or country)

unknown  
Conowingo

17. INFORMANT

(Address)

John Buddly  
Conowingo Md.

18. BURIAL, CREMATION OR REMOVAL

Place Art Goss Md. Date April 9, 1936

19. UNDERTAKER

(Address)

E. T. Young  
Residing Sun Md.

20. FILED

4-8 1936

E. M. Northington  
Registrar

Serial issued April 8 1936

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

162 Registration Dist. No. 95

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_ St., \_\_\_\_\_ Ward  
mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

6  
(Month)  
(Day)1936  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
April 5th, 1936, to April 6, 1936.I last saw him alive on April 5, 1936; death is said  
to have occurred on the date stated above, at 7:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:old age, undetermined  
Date of onset \_\_\_\_\_

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

J. B. Sloss  
M. D.  
(Address) Kingsbury Ave m

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | MAY 5 1936   | Date of onset<br>1915 |
|--------------------------------|--------------|-----------------------|
| Chronic interstitial nephritis |              | 1921                  |
| Cerebral hemorrhage            | BUREAU V. S. | July 5, 1927          |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3937

## 1. PLACE OF DEATH

County

Cecil

Village or City

North East

94E

Registration Dist. No.

94

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? 30 yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

William J. Cameron

St. Ward.

not a v stream

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Henrietta Jane Smith

6. DATE OF BIRTH (month, day, end year)

Sept 30 1868

7. AGE Years

Months

Deys

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

67

6

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Real Estate &amp; Insurance

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

business

10. Date deceased last worked at this occupation (month and year)

4-4-36

11. Total time (years)  
spent in this  
occupation 20 yrs

12. BIRTHPLACE (city or town)

North East, Md

(State or country)

MOTHER

FATHER

13. NAME Robt Cameron

14. BIRTHPLACE (city or town) North East, Md

(State or country)

15. MAIDEN NAME Annie Pleasant

16. BIRTHPLACE (city or town)

To information

(State or country)

17. INFORMANT Mrs. W. J. Cameron

(Address)

North East, Md

18. BURIAL, CREMATION, OR REMOVAL

Place North East

4 May

Data for 7 1936

19. UNDERTAKER Joseph Pleasant

(Address)

North East, Md

20. FILED 4-7-36

19

S. W. Owens

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr 4

(Day)

1936

## 22. I HEREBY CERTIFY That I attended deceased from

Apr 4, 1936 Apr 4, 1936

I last saw him dead Apr 4, 1936 death is said to have occurred on the date stated above, at 5:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset Coronary Thrombosis 4/4/36

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

C. R. Cameron, M.D.  
(Address) North East, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |               |
|--------------------------------|--------------|---------------|
| Arteriosclerosis               | RECEIVED     | Date of onset |
| Chronic interstitial nephritis | MAY 2 1936   | 1915          |
| Cerebral hemorrhage            | BUREAU V. S. | 1921          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3938

## 1. PLACE OF DEATH

County CecilVillage or City Rising Sun Md.

22-a

Registration Dist. No.

95

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Liamill J. Cooney

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

white

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMary Cooney

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAREN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

28

1936

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on April 28, 1936; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral HemorrhageOn aonat  
4/27/36

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

M. D.  
Changes in mind  
(Address) Rising Sun Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | MAY 5 1920 | Date of onset |
|--------------------------------|------------|---------------|
| Chronic interstitial nephritis |            | 1921          |
| Cerebral hemorrhage            | BUREAU V.  | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3939

## 1. PLACE OF DEATH

County

Cecil

942

Registration Dist. No.

Village or City

Perryville

St.

Ward

Length of residence in city or town where death occurred

33 yrs.

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

CHARLES S. M. CRAWFORD, Not a Veteran.

St. Ward

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced  
HUSBAND of

(See wife)

Hannah Boyd Crawford

6. DATE OF BIRTH (month, day, end year)

July 21, 1876

7. AGE

59

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. OCCUPATION

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

July 21, 1936

11. Total time (years)  
spent in this  
occupation

40

12. BIRTHPLACE (city or town)

(State or country)

Mechanics Grove

13. NAME FATHER

Charles C. Crawford

14. BIRTHPLACE (city or town)

(State or country)

Mechanics Grove

15. MAIDEN NAME

Annie M. Smith

16. BIRTHPLACE (city or town)

Lummore &amp; Ave Co.

(State or country)

17. INFORMANT

Hannah B. Crawford

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Burial

May 2, 1936

Place

Date

19. UNDERTAKER

J. A. Patterson

(Address)

20. FILED

May 1st, 1936

L. F. Sanders

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4 - 29

(Month)

(Day)

, 1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_.  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_\_.; death is said

to have occurred on the date stated above, at \_\_\_\_\_, 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

From history of family as  
physician probably  
Coronary thrombosis  
found in heart at home

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy? 

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_.  
Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Stanley D. Jefferson, Coroner  
(Address) 1011 1/2 E. 10th St., Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |            | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis               |            | 1915          |
| Chronic interstitial nephritis | MAY 5 1936 | 1921          |
| Cerebral hemorrhage            |            | July 5, 1927  |
| BUREAU V. S.                   |            |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset          |
|------------------------|
| Attack of epilepsy     |
| Run over by street car |
| Peritonitis            |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County CecilVillage or City Elkton Hospital

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

No. 1111 Registration Dist. No. 92 St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME George W. Davis(a) Residence: No. Rising Sun Md. St. Ward

If U. S. Veteran specify WAR

O 7 X -

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored Married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

no information

6. DATE OF BIRTH (month, day, and year)

April 22, 1862

7. AGE 73 Years 7 Months 11 Days 9If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Feb 3611. Total time (years)  
spent in this  
occupation 5012. BIRTHPLACE (city or town)  
(State or country)North East Md.13. NAME James Davis14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAREN NAME Adeline Johnson16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT Benjamin Davis  
(Address) Habre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Funerary Serv'ls Co. Md. Date April 5, 193619. UNDERTAKER J. E. Tyson  
(Address) Rising Sun Md.20. FILED Apr 2, 1936 Frank Drayer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 1, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 30, 1936, to April 1, 1936

I last saw him alive on April 1, 1936; death is said

to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Arterio sclerosis

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. Neumann M. O.  
(Address) Elkton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | MAY 6 1936    |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | JULY 5, 1927  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Cecil

(13)

Registration Dist. No.

3041  
94

Village or City

north East

about

St., Ward

Length of residence in city or town where death occurred

50

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Reuben Davis

St., Ward.

(Usual place of abode)

not a veteran

X

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)6a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF

## 6. DATE OF BIRTH (month, day, and year)

July 25 1866

7. AGE Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

69

8

23

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.

Fisherman

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Elkton

Md

## 13. NAME

Abel J. Davis

14. BIRTHPLACE (city or town)  
(State or country)

Elkton

Md

## 15. MAIDEN NAME

Margery A Mahan

16. BIRTHPLACE (city or town)  
(State or country)

Elkton

Md

17. INFORMANT  
(Address)

Family Bible

## 18. BURIAL, CREMATION, OR REMOVAL

Place

north East M.E.

Date

April 20 1936

## 19. UNDERTAKER

(Address)

Joseph R. Davis

north East Md

## 20. FILED

4-20-36, 19

Lvs. 15, Annex.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 17, 1936

## 22. I HEREBY CERTIFY That I attended deceased from

April 3, 1936, to April 17, 1936

I last saw him alive on April 16, 1936; death is said to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Agraphia

Date of onset

Apr 3, 1936

## Other Contributory Causes of Importance:

Chronic Intestinal Hyperplasia

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

Yes

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Cummins

(Address) North East Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: |            | Date of onset |
|--|------------|---------------|
| Arteriosclerosis   | RECEIVED   | 1915          |
| Chronic interstitial nephritis   |            | 1921          |
| Cerebral hemorrhage  | MAY 2 1936 | July 5, 1927  |

RECEIVED  
MAY 2 1936  
HOSPITAL V. S.

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|            |             |

Example II

| The principal cause of death and related causes of importance were as follows: |  | Date of onset |
|--|--|---------------|
| Attack of epilepsy   |  | 1 week ago    |
| Run over by street car   |  | 1 week ago    |
| Peritonitis  |  | 3 days ago    |

| Other contributory causes of importance: |  |        |
|--|--|--------|
| Gastroenteritis                          |  | 1 year |
|  |  |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3942

## 1. PLACE OF DEATH

County

Cecil

WITHIN CORPORATE LIMITS

173

20

Registration Dist. No.

92

Village or City

Elston

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME RUSSELL FIELDS

(a) Residence: No.

Chesapeake city, Md.

St.

If U. S. Veteran, specify WAR

07X -

Ward.

Lancaster Camp Detachment

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Unknown - 1912

7. AGE

24

Years

Months

Deys

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

10

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

WPA

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc...

Card D. Card

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

To Information

MOTHER

FATHER

13. NAME

Unknown ✓

14. BIRTHPLACE (city or town)  
(State or country)

✓

15. MAIDEN NAME

✓

16. BIRTHPLACE (city or town)  
(State or country)

✓

17. INFORMANT

✓

(Address)

Safie Scott

Chesapeake city, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elston colored Cemetery Date May 9, 1936

19. UNDERTAKER

74. W. Whiting

(Address)

Eckton Md

20. FILED

May 7, 1936 J. Frank Dwyer

Registrar

May 7-36

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

4-27

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw h. alive on

19

to have occurred on the date stated above, at 11:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gun shot wound  
over kidney

Date of onset

4-21-36

Other Contributory Causes of Importance:

Name of operation

Post Mortem

Date of

What test confirmed diagnosis? Post Mortem Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? homicide Date of Injury

Cecilton, Md.

19

Where did injury occur?

Cecilton, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Dance Hall

Manner of injury

Gun shot wound.

Nature of injury

Back over kidney.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Stanley D. Jeffers

(Signed)

Coroner

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

REAS S.

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

REAS S.

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County CecilVillage or City Dekton

WITHIN CORPORATIONAL LIMITS OF

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 92

(91)

20

2 FULL NAME Robert Friesby

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Widower

6 DATE OF BIRTH

Unknown Probably 1855

(Month) (Day) (Year)

7 AGE

Apparent 80 or 85 yrsIf LESS than  
mos. ds. or min?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)LaborerGarage work

9 BIRTHPLACE

(State or country)

Cecil County, Md.

16 DATE OF DEATH

April 161936

(Month) (Day) (Year)

PARENTS

10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER

(State or country)

12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Erie R. Cole(Address) 2 Clayton Bedg

15

Filed Apr 18, 1936 J. Grami Driscoll  
Registrar

## MEDICAL CERTIFICATE OF DEATH

17

I HEREBY CERTIFY, That I attended the deceased from  
Apr. 15 1936 to April 16, 1936.that I last saw him alive on April 16, 1936,and that death occurred on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH \* was as follows:

Arterio sclerosis(Duration) Not known ds.Contributory  
SecondaryNone

(Duration) yrs. mos. ds.

(Signed) H. R. Morrison M. D.(Address) Elkton, Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? X

Former or usual residence

Elkton, Md.

19 PLACE OF BURIAL OR REMOVAL

Elkton Colored Cemetery

DATE OF BURIAL

Apr 19, 1936

20 UNDERTAKER

J. W. Pippin

ADDRESS

Elkton, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed: As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Hausfrau*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritonacum, etc., Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *& pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Recover wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 10 1930

BUREAU

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3944

94

## 1. PLACE OF DEATH

County

Cecil

Village or City

North East

59-8

Registration Dist. No.

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

cecil an

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 28 1928

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Philadelphia  
Pa

Date of onset

MOTHER

FATHER

13. NAME Fred Goodnow

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                                   |
|--------------------------------|-----------------------------------|
| Arteriosclerosis               | Date of onset<br>RECEIVED<br>1915 |
| Chronic interstitial nephritis | MAY 2 1926<br>1921                |
| Cerebral hemorrhage            | July 5, 1927                      |
| BUREAU V. S.                   |                                   |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3945

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Cecil

Village or City

Chesapeake City

72-2

Registration Dist. No.

91

St.

Ward

Length of residence in city or town where death occurred. 51 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Eva Cummings Gorman

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

George W Gorman

6. DATE OF BIRTH (month, day, and year)

Dec 28 1884

7. AGE

Years  
51Months  
3Days  
10If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Chesapeake City

Maryland

MOTHER FATHER

13. NAME

James H Wharton

14. BIRTHPLACE (city or town)

(State or country)

Chesapeake City

Maryland

15. MAIDEN NAME

Anna Lydia Boren

16. BIRTHPLACE (city or town)

(State or country)

Chesapeake City

Maryland

17. INFIRMANT

George W Gorman

(Address)

Chesapeake City Md

18. BURIAL, CREMATION, OR REMOVAL

Burial Cemetery

Date Apr 10, 1936

19. UNDERTAKER

H. W. Pippin

(Address)

Eckers Maryland

20. FILED

4/10, 1936 B. H. Beumer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 7

(Day)

1936  
(Year)22. I HEREBY CERTIFY That I attended deceased from  
July 10, 1935, to April 7, 1936, death is said

to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Myeloid Leukemia

Date of onset  
1935

Other Contributory Causes of Importance:

Name of operation

Flone

Date

What test confirmed diagnosis

Blood &amp; Urine

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. W. Pippin  
M. D.  
(Address) Chesapeake City Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | MAY 4 1926    |
| Cerebral hemorrhage  | July 5, 1927  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset                            |
|--|--|
| Attack of epilepsy   | 1 week ago                               |
| Run over by street car   | 1 week ago                               |
| Peritonitis  | 3 days ago                               |
|  |  |
|  |  |
| Other contributory causes of importance:                                       | Other contributory causes of importance: |
| Gallstones   | Gastroenteritis                          |
|  | May 1, 1923                              |
|  | 1 year                                   |
|  |  |
|  |  |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3946

## 1. PLACE OF DEATH

County Claud WITHIN Corporate Limits  
 Village or City Ellerton Hospital

(131)

20

Registration Dist. No.

92

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Omar Hall

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR

07X-

St. Ward.

Conowingo Md

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male ColoredSingle6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1877

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.about 59

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
Labour

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
None

10. Date deceased last worked at this occupation (month and year)  
3/4

11. Total time (years) spent in this occupation 3812. BIRTHPLACE (city or town)  
(State or country)Conowingo

MOTHER FATHER

13. NAME John Hall14. BIRTHPLACE (city or town)  
(State or country) Conowingo Md.15. MARRIED NAME Mary Butler16. BIRTHPLACE (city or town)  
(State or country) Pa.17. INFORMANT John Jones

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

At Conowingo Md. April 193619. UNDERTAKER J. E. Tyson

(Address)

20. FILED April 12, 1936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 9<sup>th</sup>

(Month)

1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 1<sup>st</sup>, 1936, to April 9<sup>th</sup>, 1936.I last saw him alive on April 8<sup>th</sup>, 1936; death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Parenchymatos  
W. J. Hall

Date of onset

Other Contributory Causes of importance:

Chronic myopathy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

M. D.

J. E. TysonEllerton Hospital

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                                 |                                     |
|--|-------------------------------------|
| Arteriosclerosis                         | Date of onset<br>1915               |
| Chronic interstitial nephritis           | MAY 6 1936<br>Date of onset<br>1921 |
| Cerebral hemorrhage                      | July 5, 1927<br>BUREAU V. S.        |
| Other contributory causes of importance: |                                     |

BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

|  |                        | Date of onset             |
|--|------------------------|---------------------------|
|  | Attack of epilepsy     | 1 week ago                |
|  | Run over by street car | 1 week ago                |
|  | Peritonitis            | 3 days ago                |
| Other contributory causes of importance: |                        |                           |
| Gallstones                               | May 1, 1923            | Gastroenteritis<br>1 year |
|  |                        |                           |
|  |                        |                           |
|  |                        |                           |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3947

## 1. PLACE OF DEATH

County CecilVillage or City (near) Rising Sun, Md

822

X  
Registration Dist. No. 95

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.

## 2. FULL NAME

Idella Hammond

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

Female colored

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

## 21. DATE OF DEATH

April

30

, 1936  
(Year)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofcommon law wife Daniel Hammond

6. DATE OF BIRTH (month, day, and year)

about 1887

7. AGE

Years  
49

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. OCCUPATION

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Unknown

MOTHER

FATHER

13. NAME

Robert Clark14. BIRTHPLACE (city or town)  
(State or country)Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

"

"

17. INFORMANT

(Address)

Ralph CrothersRising Sun, Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Trinity CemeteryMay, 4, 1936

19. UNDERTAKER

(Address)

Ralph M. ReedRising Sun, Md.

20. FILED

Date

May 4, 19361936

Registrar.

## 22. I HEREBY CERTIFY

That I attended deceased from  
April 30, 1936, to April 30, 1936I last saw her alive on April 30, 1936; death is said  
to have occurred on the date stated above, at 7 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Arterial thrombosis, 4 hours  
before death.

## Other Contributory Causes of importance:

Doubt now of any

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

10 Green

M. D.

(Address) Rising Sun, Md.

Concert issued 5-4-1936

If more blank space needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

RECEIVED  
JUN 2 1936  
BUREAU V. S.

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset          |
|------------------------|
| Attack of epilepsy     |
| Run over by street car |
| Peritonitis            |

|            |
|------------|
| 1 week ago |
| 1 week ago |
| 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Cecil  
Village or City Elkton

92@

Registration Dist. No.

92

Bells Lane

St., Ward

Length of residence in city or town where death occurred 50 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mollie L Holland

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofJohn W Holland

6. DATE OF BIRTH (month, day, and year)

Feb 12 1868

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

68

2

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
Homeswife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month end year) \_\_\_\_\_
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town)  
(State or country)Chester  
Pa

MOTHER FATHER

13. NAME Parricia Wilson14. BIRTHPLACE (city or town)  
(State or country) No information15. MAIDEN NAME Amanda Moore16. BIRTHPLACE (city or town)  
(State or country) No information17. INFORMANT John W Holland  
(Address) Elkton Md18. BURIAL, CREMATION, OR REMOVAL  
Place Elkton Co Cemetery Date May 2, 193619. UNDERTAKER H. Whippin & Sons  
(Address) Elkton Md20. FILED May 7, 1936 J. Brown Farmer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 29, 1936 (Month Day Year)

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to April 29, 1936

I last saw her alive on April 29, 1936; death is said to have occurred on the date stated above, at 3:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congenital pectoris  
Acute Insufficiency

Date of onset

4/28/36

4/29/36

Other Contributory Causes of importance:

Hypertension  
Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) James L Johnson M. D.  
(Address) 232 E. 1st St., Elkton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: |            | Date of onset |
|--|------------|---------------|
| Arteriosclerosis   | RECEIVED   | 1915          |
| Chronic interstitial nephritis   | MAY 6 1930 | 1921          |
| Cerebral hemorrhage  |            | July 5, 1927  |
| BUREAU V. S.   |            |               |

Example II

| The principal cause of death and related causes of importance were as follows: |             | Date of onset   |
|--|-------------|-----------------|
| Attack of epilepsy   |             | 1 week ago      |
| Run over by street car   |             | 1 week ago      |
| Peritonitis  |             | 3 days ago      |
| Other contributory causes of importance:                                       |             |                 |
| Gallstones   | May 1, 1928 | Gastroenteritis |
|  |             | 1 year          |
|  |             |                 |
|  |             |                 |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

|                                |              |               |
|--------------------------------|--------------|---------------|
| Arteriosclerosis               | RECEIVED     | Date of onset |
| Chronic interstitial nephritis | MAY 5 1936   | 1915          |
| Cerebral hemorrhage            | BUREAU V. S. | 1921          |

Other contributory causes of importance:

Gallstones

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

**Example II**

Other contributory causes of importance:

Gastroenteritis

|  |               |
|--|---------------|
| Other contributory causes of importance: | Date of onset |
| Gastroenteritis                          | 1 year        |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Cecil, Md.Village or City Childs,

No.

Registration Dist. No. 933950  
50  
93

St. Ward

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U.S. if of foreign birth? ds. yrs. mos. ds.2. FULL NAME Isaac Johnson(a) Residence: No. AlmshouseSt. X Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>Black</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>married</u> |
|-----------------------|----------------------------------|--|

Se. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of isabella Johnson

6. DATE OF BIRTH (month, day, and year)

1879April 11th

|                            |           |           |  |
|----------------------------|-----------|-----------|--|
| 7. AGE<br><u>101</u> Years | Months    | Days      | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
| <u>101</u>                 | <u>11</u> | <u>11</u> | <u>0</u>   |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Virginia13. NAME unknown14. BIRTHPLACE (city or town)  
(State or country) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (city or town)  
(State or country) unknown17. INFORMANT self  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place County Cemt. Date April 21, 193619. UNDERTAKER R.W. Pippin & Son Inc.  
(Address) Elkton, Md.20. FILED Apr 21, 1936 C S Grant

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 20th, 1936.  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Feb. 15th, 1936, to April 20th, 1936.

I last saw him Apr. 18th, 1936, 19...; death is said to have occurred on the date stated above, at 8:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis  
and arteriosclerosis.Date of onset  
unknown

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) G. H. McNeight(Address) Elkton, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| RECEIVED                       |              | Date of onset |
|--------------------------------|--------------|---------------|
| Arteriosclerosis               | MAY 2 1936   | 1915          |
| Chronic interstitial nephritis |              | 1921          |
| Cerebral hemorrhage            | BUREAU V. S. | July 5, 1927  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |

Other contributory causes of importance:

| Other contributory causes of importance: | Other contributory causes of importance: |        |
|--|--|--------|
| Gallstones                               | Gastroenteritis                          | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE of deceased changed to 57 and birth year to 1879 by letter filed

September 14, 1936 under Dr. V. H. McKnight.-L.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3951

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *Baltimore*Village or City *Outside of Rowlandville*

⑧

Registration Dist. No. *45*

St.,

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Virginia Naden Johnson*

(a) Residence: No.

If U.S. Veteran specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED. (Write the word)*Female**white**Single*

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

*July 8 1933*

7. AGE

Years

2

Months

08

Days

27

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

*Maryland*

MOTHER FATHER

13. NAME

*John S. Johnson*

14. BIRTHPLACE (city or town)

(State or country)

*Va.*

15. MAIDEN NAME

*Sina Fields*

16. BIRTHPLACE (city or town)

(State or country)

*Va.*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

*Burial Rowlandville Md.**Cremation Baptist Cemetery April 6, 1936*

19. UNDERTAKER

(Address)

*J. C. Tyson**Rising Sun Md.*20. FILED *4-5-1936*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4

4

1936

22. I HEREBY CERTIFY. That I attended deceased from

3-29-1936, to 4-4-1936.

I last saw her alive on 4-4-1936; death is said to have occurred on the date stated above, at 3:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Bilateral Osteoporosis of spine causes origin*

Other contributory causes of importance:

*Deafness*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

*J. C. Tyson M.D.*

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

(Country) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset          |
|------------------------|
| Attack of epilepsy     |
| Run over by street car |
| Peritonitis            |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3952

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Cecil

Village or City

Near Earleville Ind.

92a

Registration Dist. No.

90

St.

Ward

Length of residence in city or town where death occurred

3 yrs. 0 mos. 0 ds.

How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

(a) Residence: ND.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Daniel Loller

6. DATE OF BIRTH (month, day, and year)

Sept 10-1861

7. AGE

74

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

Housewife

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Cecil Co. Ind.

(State or country)

13. NAME

Jessie H. Loller

(Unknown)

14. BIRTHPLACE (city or town)

(Unknown)

(State or country)

15. MAIDEN NAME

Hester Knotts

(Unknown)

16. BIRTHPLACE (city or town)

(Unknown)

(State or country)

17. INFORMANT

William B. Loller

(Address) Earleville Ind.

18. BURIAL, Cremation, or Removal

St. Paul's Cemetery

(Place) Day 7/17/36

19. UNDERTAKER

John D. O'Farrell

(Address) Oscillon Ind.

20. FILED

4-17, 1936

(Date)

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 14  
(Month)  
(Day)1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 10, 1936, to April 14, 1936

I last saw him alive on April 13, 1936; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

chronic myocarditis  
mitral insufficiencyDate of onset  
3-10-36

3-10-36

Other Contributory Causes of importance:

myocardial failure 4/17-36

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) A. R. Murphy M. D.

(Address) 100 E. Pratt Street, Baltimore

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

|                                |             |               |
|--------------------------------|-------------|---------------|
| Arteriosclerosis               | RECEIVED    | Date of onset |
| Chronic interstitial nephritis |             | 1915          |
| Cerebral hemorrhage            | MAY 5, 1928 | 1921          |

**BUREAU V. S.**

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County CecilVillage or City North East.

93-C

Registration Dist. No. ✓ 74

3953

94

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. 7 ds. How long in U. S. if of foreign birth? \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.2. FULL NAME James Edward Manders If U. S. Veteran, specify WAR ✓

(a) Residence: No. \_\_\_\_\_

St. \_\_\_\_\_ Ward. X

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (*write the word*)married6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofRachel Manders

6. DATE OF BIRTH (month, day, and year)

1878

no information

7. AGE

Years 58

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. OCCUPATION

1936kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Laborer11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Masseymd

13. NAME

MOTHER FATHER

Joseph Manders

14. BIRTHPLACE (city or town)

(State or country)

nd

15. MAIDEN NAME

MOTHER FATHER

Susan Warwick

16. BIRTHPLACE (city or town)

(State or country)

nd

17. INFORMANT

(Address)

Sueie JonesNorth East. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

new Massey, Md.Date April 8, 1936

19. UNDERTAKER

(Address)

John A. Tobin & SonMellington, Md.

20. FILED

Date

4-6-3619Geo W. Clegg.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)5  
(Day)1936  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

March 29, 1936 to April 5, 1936I last saw him alive on April 2, 1936; death is said  
to have occurred on the date stated above, at 2:10 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:chronic myocarditisDate of onset  
Jan 1936

Other Contributory Causes of importance:

none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed)

Clarence L. Coffey

M. D.

(Address) 509 Revolution St. Hanover Pa

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: |              |
|--|--------------|
| Arteriosclerosis   | RECEIVED     |
| Chronic interstitial nephritis   | MAY 2 1800   |
| Cerebral hemorrhage  | JULY 5, 1927 |

BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: |                 |
|--|-----------------|
| Attack of epilepsy   | 1 week ago      |
| Run over by street car   | 1 week ago      |
| Peritonitis  | 3 days ago      |
| Other contributory causes of importance:                                       |                 |
| Gallstones   | May 1, 1928     |
|  | Gastroenteritis |
|  | 1 year          |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4503

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County  
*Cesie*Village or City  
*Port Deposit*Registration Dist. No.  
*96*

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*White*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)*Infant*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

*April 23-1936*

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

*None*8. Trade, profession, or particular  
kind of work done, as SPINNER,  
WEAVER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Oets deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

*Port Deposit**Maryland*

MOTHER

FATHER

*None*

13. NAME

*Earl Howard Miller*

14. BIRTHPLACE (city or town)

(State or country)

*Fern*

15. MARIEN NAME

*Catherine Leora Waibel*

16. BIRTHPLACE (city or town)

(State or country)

*Port Deposit**Maryland*

17. INFORMANT

(Address)

*Catherine H. Miller**Port Deposit*

18. BURIAL, CREMATION, OR REMOVAL

Place

*In premises**4/23, 1936*

19. UNDERTAKER

(Address)

*Earl H. Miller**Port Deposit*

20. FILED

4/23, 1936

Year

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*April 23, 1936*  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

*April 23, 1936*, to *4/23, 1936*, death is saidto have occurred on the date stated above, at *7:00* p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Still Birth  
(Gross Gestation)*

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

*B. J. Bryson*  
*Port Deposit*, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

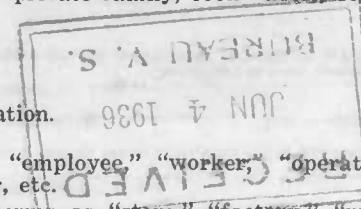
The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH 3954

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Village or City

Georgetown

1946

Registration Dist. No. 90

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME JOHN EDWARD MOORE

(a) Residence: No.

Outside Earleville

St. Ward.

X

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Infant

Se. if married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

1-23-36

7. AGE

Years

Months

Dey

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

3

1

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Wilmington

Del.

13. NAME

Silbert Moore

14. BIRTHPLACE (city or town)

(State or country)

Massey Del.

15. MAIDEN NAME

Letty Bidelle

Cleawall Del.

16. BIRTHPLACE (city or town)

(State or country)

Wilmington

Del.

17. INFORMANT

(Address)

Silbert Moore

Earleville P.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Delaney cemetery Date 4/20/36

19. UNDERTAKER

(Address)

Foster Daniels

Towson Del.

20. FILED 4/25/36

1936

H. C. Coonan

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4-24

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19\_\_\_\_, to

19\_\_\_\_

I last saw h. alive on

6-30-36

; death is said

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

from history  
and appearance. Traitor  
neglect of parents

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

Stanley D. Jeffers  
Baltimore County Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: |                | Date of onset |
|--|----------------|---------------|
| Arteriosclerosis   | MAY 5 1880     | 1915          |
| Chronic interstitial nephritis   |                | 1921          |
| Cerebral hemorrhage  | RIDGEALL V. S. | July 1, 1927  |

Example II

| The principal cause of death and related causes of importance were as follows: |             | Date of onset                            |
|--|-------------|--|
| Attack of epilepsy   |             | 1 week ago                               |
| Run over by street car   |             | 1 week ago                               |
| Peritonitis  |             | 3 days ago                               |
| Other contributory causes of importance:                                       |             | Other contributory causes of importance: |
| Gallstones   | May 1, 1928 | Gastroenteritis                          |
|  |             | 1 year                                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3955

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County.

Cecil

Village or City.

North East

Length of residence in city or town where death occurred

about 60 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

94

St. Ward

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

George W. Neal

(a) Residence: No.

North East Md

St. Ward.

not a Veteran

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male White

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND  
(or) WIFE of

Sarah Ann Dennison

## 6. DATE OF BIRTH (month, day, and year)

Jan 27 1856

## 7. AGE

80

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

21

## OCCUPATION

1856

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

Labors

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

Pleasant Garden

(State or country)

## MOTHER

## FATHER

William Wesley Neal

14. BIRTHPLACE (city or town)

no information

(State or country)

15. MAIDEN NAME

Boulden

16. BIRTHPLACE (city or town)

no information

(State or country)

## 17. INFORMANT

Mrs. George W. Neal

North East Md

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place North East Md E

Date April 20, 1936

## 19. UNDERTAKER

Joseph P. Gray

North East Md

(Address)

## 20. FILED

Apr 20, 1936

Geo W. Quaynor.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

(Month)

17

(Year)

6

22. I HEREBY CERTIFY. That I attended deceased from

April 2 1936 to April 17 1936; death is said

to have occurred on the date stated above, at 11 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cardio vascular disease

Date of onset

Other Contributory Causes of importance:

Cardiac failure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Wm G. Sprecher M.D.  
(Address) Elkhorn Md.

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

|   |               |
|---|---------------|
| The principal cause of death and related causes<br>of importance were as follows: | Date of onset |
| Arteriosclerosis  | 1915          |
| Chronic interstitial nephritis  | 1921          |
| Cerebral hemorrhage   | July 5, 1921  |

### Example II

|  |               |
|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| <i>Attack of epilepsy</i>  | 1 week ago    |
| <i>Run over by street car</i>  | 1 week ago    |
| <i>Peritonitis</i>   | 3 days ago    |

#### **Other contributory causes of importance:**

Gallstones May 1, 1923

#### **Other contributory causes of importance:**

*Gastroenteritis* 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Cecil

WITHIN CORPORATE LIMITS

534

Registration Dist. No.

X  
92

Village or City

Elkton

St., Ward

Length of residence in city or town where death occurred

9

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME

Anna B. Null

(a) Residence: No.

Elkton, Maryland St.

Ward.

X  
If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed.

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mansel Null.

6. DATE OF BIRTH (month, day, end year)

December 27, 1861

7. AGE

74

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

House wife

12. BIRTHPLACE (city or town)  
(State or country)Fox Hill  
Cecil Co. Md.

13. NAME

Samuel McLean

14. BIRTHPLACE (city or town)  
(State or country)

No information

15. MAIDEN NAME

Martha Bell

16. BIRTHPLACE (city or town)  
(State or country)

No information

Delaware

17. INFORMANT

Mrs. Anna B. Murray

(Address)

Elkton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: St Johns, Date: May 1, 1936

19. UNDERTAKER

A &amp; C Pappas &amp; Sons Inc

(Address)

Elkton, Md.

20. FILED

May 1, 1936 J. Mann, Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

3956

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

29  
(Month)  
(Day)1936  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

September 1935 to April 29, 1936; death is said

I last saw him alive on April 1, 1936, at 7:30 a.m.  
to have occurred on the date stated above, atThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Carcinoma of the bladder

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melford H. Sprecher, M. D.

(Address) 50 E. 8th St., Elkton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |               |
|--------------------------------|--------------|---------------|
| Arteriosclerosis               | RECEIVED     | Date of onset |
| Chronic interstitial nephritis | MAY 8 1926   | 1915          |
| Cerebral hemorrhage            | BUREAU V. S. | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |               |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
|                 | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Ceal

165

X Registration Dist. No.

Village or City

Rising Sun

3957  
35

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Rising Sun

St.

Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Joseph Pogue

6. DATE OF BIRTH (month, day, and year)

12-28-04

7. AGE

Years

31

Months

4

Days

7

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

1936

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

House wife

MOTHER FATHER

13. NAME

Emil Siebe

14. BIRTHPLACE (city or town)

(State or country)

Germany

15. MAIDEN NAME

Angie Libert

16. BIRTHPLACE (city or town)

(State or country)

Harford

17. INFORMANT

(Address)

Joseph Pogue

18. BURIAL, CREMATION, OR REMOVAL

Place

Rising Sun Md.

Date

May 3, 1936

19. UNDERTAKER

(Address)

J. E. Tyson

Rising Sun Md.

20. FILED

May 15

T. M. Washington

Registrar

## 21. DATE OF DEATH

4-30-1936

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h alive on

to have occurred on the date stated above, et 11.30A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Suicide by hanging

Strangulation

Date of onset

## Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Suicide

Date of injury 4/30, 1936

Where did injury occur?

Rising Sun

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Found hanging in all garage

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Stanley D. Jeffers

Coroner

(Address)

Permit issued May 15, 1936

If more space is needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |               |
|--------------------------------|--------------|---------------|
| Arteriosclerosis               | MAY 5 1938   | Date of onset |
| Chronic interstitial nephritis |              | 1915          |
| Cerebral hemorrhage            | BUREAU V. S. | 1921          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| STATE OF MARYLAND—CERTIFICATE OF DEATH  |                  |          |  |  |                  |  |  |  |  |
|---|------------------|----------|--|--|------------------|--|--|--|--|
| 3958<br>96  |                  |          |  |  |                  |  |  |  |  |
| <b>1. PLACE OF DEATH</b>  |                  |          |  |  |                  |  |  |  |  |
| County <u>Edgar</u><br>Village or City <u>Charlestown</u>   |                  |          |  |  |                  |  |  |  |  |
| (If death occurred in a hospital or institution, give its NAME instead of street and number)  |                  |          |  |  |                  |  |  |  |  |
| Length of residence in city or town where death occurred <u>6</u> yrs. <u>6</u> mos. <u>6</u> ds. How long in U. S. if of foreign birth? <u>6</u> yrs. <u>6</u> mos. <u>6</u> ds.   |                  |          |  |  |                  |  |  |  |  |
| <b>2. FULL NAME</b> <u>Maggie E. Tryon</u>  |                  |          |  |  |                  |  |  |  |  |
| (a) Residence: No. <u>Charlestown</u> St., Ward.  |                  |          |  |  |                  |  |  |  |  |
| (Usual place of abode)  |                  |          |  |  |                  |  |  |  |  |
| <b>PERSONAL AND STATISTICAL PARTICULARS</b>   |                  |          |  |  |                  |  |  |  |  |
| 3. SEX  | 4. COLOR OR RACE |          | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED |  | (write the word) |  |  |  |  |
| <u>Female</u>   | <u>white</u>     |          | <u>widowed</u>                           |  |                  |  |  |  |  |
| 5a. If married, widowed, or divorced<br><u>HUSBAND</u> of<br>(or) WIFE of <u>Charles T. Tryon</u>   |                  |          |  |  |                  |  |  |  |  |
| <b>6. DATE OF BIRTH</b> (month, day, end year) <u>Dec 10, 1866</u>  |                  |          |  |  |                  |  |  |  |  |
| 7. AGE  | Years            | Months   | Days                                     | If LESS than<br>1 day, ____ hrs.<br>or ____ min. |                  |  |  |  |  |
|   | <u>69</u>        | <u>4</u> | <u>8</u>                                 |  |                  |  |  |  |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housework</u>  |                  |          |  |  |                  |  |  |  |  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Own Home</u>  |                  |          |  |  |                  |  |  |  |  |
| 10. Date deceased last worked at this occupation (month and year) <u>Sept. 1930</u> 11. Total time (years) spent in this occupation <u>38</u>   |                  |          |  |  |                  |  |  |  |  |
| 12. BIRTHPLACE (city or town)<br>(State or country) <u>Unknown</u>  |                  |          |  |  |                  |  |  |  |  |
| 13. NAME <u>unknown</u>   |                  |          |  |  |                  |  |  |  |  |
| 14. BIRTHPLACE (city or town)<br>(State or country) <u>Unknown</u>  |                  |          |  |  |                  |  |  |  |  |
| 15. MAIDEN NAME <u>Unknown</u>  |                  |          |  |  |                  |  |  |  |  |
| 16. BIRTHPLACE (city or town)<br>(State or country) <u>Unknown</u>  |                  |          |  |  |                  |  |  |  |  |
| 17. INFORMANT <u>Eliza V. Dyer</u><br>(Address) <u>Charlestown, Md.</u>   |                  |          |  |  |                  |  |  |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Charlestown</u> Date <u>April 20, 1936</u>  |                  |          |  |  |                  |  |  |  |  |
| 19. UNDERTAKER <u>J. A. Tattonoy</u><br>(Address) <u>Perryville, Md.</u>  |                  |          |  |  |                  |  |  |  |  |
| 20. FILED <u>4-19-1936</u> L. F. Sanders<br>Registrar.  |                  |          |  |  |                  |  |  |  |  |
| Registration Dist. No. _____ St., Ward. _____   |                  |          |  |  |                  |  |  |  |  |
| If nonresident give city or town and State _____  |                  |          |  |  |                  |  |  |  |  |
| <b>MEDICAL CERTIFICATE OF DEATH</b>   |                  |          |  |  |                  |  |  |  |  |
| <b>21. DATE OF DEATH</b> <u>April 18</u><br>(Month) <u>April</u> (Day) <u>18</u> , 19 <u>36</u> (Year)  |                  |          |  |  |                  |  |  |  |  |
| 22. I HEREBY CERTIFY. That I attended deceased from <u>Jaw</u> , <u>1936</u> , tq. <u>April 18</u> , 19 <u>36</u> ; last saw him alive on <u>April 16</u> , 19 <u>36</u> ; death is said to have occurred on the date stated above, at <u>4 p.m.</u> . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |                  |          |  |  |                  |  |  |  |  |
| <u>Carcinoma of uterus</u>  |                  |          |  |  |                  |  |  |  |  |
| Date of onset <u>1936</u>   |                  |          |  |  |                  |  |  |  |  |
| Other Contributory Causes of importance:  |                  |          |  |  |                  |  |  |  |  |
| Name of operation <u>none</u> Date of _____   |                  |          |  |  |                  |  |  |  |  |
| What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>  |                  |          |  |  |                  |  |  |  |  |
| 23. If death was due to external causes (VIOLENCE) fill in also the following:<br>Accident, suicide, or homicide? <u>No</u> Date of injury _____, 19_____   |                  |          |  |  |                  |  |  |  |  |
| Where did injury occur? _____ (Specify city or town, county and State)<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |                  |          |  |  |                  |  |  |  |  |
| Manner of injury _____  |                  |          |  |  |                  |  |  |  |  |
| Nature of injury _____  |                  |          |  |  |                  |  |  |  |  |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u>   |                  |          |  |  |                  |  |  |  |  |
| If so, specify _____  |                  |          |  |  |                  |  |  |  |  |
| (Signed) <u>J. F. Magraw</u> M. D.<br>(Address) <u>Perryville, Md.</u>  |                  |          |  |  |                  |  |  |  |  |

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |               | Date of onset |
|--------------------------------|---------------|---------------|
| Arteriosclerosis               | MAY 5 1936    | 1915          |
| Chronic interstitial nephritis |               | 1921          |
| Cerebral hemorrhage            | BUFFALO V. S. | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

S

V S No. 1

## PLACE OF DEATH

County CecilVillage or City Wells Landing2 FULL NAME Still Born Blundy - 8 weeksSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 94

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2959

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Mother

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

Aug 14 / 1936  
(Month) (Day) (Year)

7 AGE

0 yrs. 0 mos. 0 ds. or 0 min. IF LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

None

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Cecil Co Md

10 NAME OF FATHER

Pas Blundy

11 BIRTHPLACE OF FATHER

(State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Julia Wood

13 BIRTHPLACE OF MOTHER

(State or Country)

Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Leo M Blundy

(Address)

North East Ma

15

Filed 4-14-36 192Geo W. Queen

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 14, 1936  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Aug 14, 1936 to Aug 14, 1936, that I last saw him alive on Aug 14, 1936,and that death occurred on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH \* was as follows:Still Born - 8 weeks

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
Secondary

(Duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) D. L. Cummins, M. D.  
Aug 14, 1936 (Address) Westland Rd, M. D.

\*State the disease causing death, or, in deaths from violent causes, state (1) means of injury and (2) whether accidental, suicidal or homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coil mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic intestinal nephritis, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 2 1936

BUREAU V. S.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

210-m

Registration Dist. No.

95

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward

NR - 29

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (check the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than  
1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
LAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Place)

19. UNDERTAKER

(Address)

20. FILED

(Date)

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4 5 6  
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from  
4-2 1936 to 4-5 1936I last saw him alive on 4-2 1936, death is said  
to have occurred on the date stated above, at \_\_\_\_\_ a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Fracture of  
base of skull  
& fracture of  
skull.

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? 28

23. If death was due to external causes (VIDELENCE) give also the following:

Accident, suicide, or homicide Date of Injury 4-5-1936

Where did injury occur? Civil Court

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: |              | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis   | MAY 5 1936   | 1915          |
| Chronic interstitial nephritis   |              | 1921          |
| Cerebral hemorrhage  | BUREAU V. S. | July 5, 1927  |
|  |              |               |
|  |              |               |
|  |              |               |

Example II

| The principal cause of death and related causes of importance were as follows: |  | Date of onset |
|--|--|---------------|
| Attack of epilepsy   |  | 1 week ago    |
| Run over by street car   |  | 1 week ago    |
| Peritonitis  |  | 3 days ago    |
|  |  |               |
|  |  |               |
|  |  |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

3961

## 1. PLACE OF DEATH

County *Baltimore*Village or City *Baltimore County*Registration Dist. No. *X 94*

St.,

Ward

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME *Katherine Rothamel*(a) Residence: No. *1001 E. 2nd St.*

(Usual place of abode)

Ward. *X*

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                      |                               |   |
|----------------------|-------------------------------|---|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> |
|----------------------|-------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of *✓*6. DATE OF BIRTH (month, day, and year) *Nov 5 1888*7. AGE Years *47* Months *5* Days *5* If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

|  |   |
|--|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <i>Housework</i> | 11. Total time (years) spent in this occupation <i>None</i> |
|--|---|

12. BIRTHPLACE (city or town) *North East*  
(State or country) *Md*13. NAME *Elias Rothamel*14. BIRTHPLACE (city or town) *Penns*  
(State or country)15. MAIDEN NAME *Maryne Houston*16. BIRTHPLACE (city or town) *Aub*  
(State or country)17. INFORMANT *Chas Rothamel*  
(Address) *North East, Md*18. BURIAL, CREMATION, OR REMOVAL  
Place *N.C. Mt. Cemetery* Date *Apr 14 1936*19. UNDERTAKER *Joseph A. Stewart*  
(Address) *North East, Md*20. FILED *4-14-36*, 19 *Geo W. Quisen*.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *April 10*(Month) *April* (Day) *10*, (Year) *1936*22. I HEREBY CERTIFY, That I attended deceased from *April 10, 1936, to April 11, 1936*I last saw him alive on *April 10, 1936*, death is said to have occurred on the date stated above, at *3 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Labour Pneumonia*Date of onset *Apr 5 1936*

Other Contributory Causes of importance:

Name of operation *None* Date of *None*What test confirmed diagnosis? Was there an autopsy? *None*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury *None*, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. C. Cummins* M. D.(Address) *1001 E. 2nd St., Md*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

|  |             |               |
|--|-------------|---------------|
| The principal cause of death and related causes of importance were as follows: | RECEIVED    | Date of onset |
| Arteriosclerosis   |             | 1915          |
| Chronic interstitial nephritis   | MAY 2, 1930 | 1921          |
| Cerebral hemorrhage  |             | July 5, 1927  |

BUREAU V. S.

Example II

|  |               |
|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
|  |               |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1928   |
|  |               |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |
|  |               |
|  |               |
|  |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3962

## 1. PLACE OF DEATH

County CecilVillage or City outside Colona Md.

82a

Registration Dist. No.

95

St., Ward

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Elizabeth Craig Russell

(a) Residence: No.

If U.S. Veteran specify WAR

St., Ward

X If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Femal

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Marrid

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofRobert B. Russell

6. DATE OF BIRTH (month, day, and year)

May 13 1862

7. AGE

Years 73 Months 10 Days 30 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Hauswif  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 191011. Total time (years)  
spent in this  
occupation 192912. BIRTHPLACE (city or town)  
(State or country)Baltimoreville  
Cecil Co. Md.

MOTHER

FATHER

13. NAME David Craig14. BIRTHPLACE (city or town)  
(State or country)Ireland15. MAIDEN NAME Sarah Bell16. BIRTHPLACE (city or town)  
(State or country)Ireland

17. INFORMANT

(Address)

Robert B. Russell

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Gathering Md. Date April 13 1936

19. UNDERTAKER

(Address)

C. Tysor

20. FILED

(Date)

April 13 1936Baltimore Washington

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 10

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

April 10, 1936, to April 10, 1936I last saw her alive on Apr 9, 1936; death is said  
to have occurred on the date stated above, et 5:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Central Hemorrhage of brain  
(cerebral)

Date of onset

April 13

Other Contributory Causes of Importance:

Chronic arterio sclerosis

since

1930

Name of operation No operation Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? NO Date of injury ✓, 19Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) Ernest Rowland M. D.(Address) Liberty Lane

T

Blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |             |
|--------------------------------|-------------|
| Arteriosclerosis               | 1915        |
| Chronic interstitial nephritis | 1921        |
| Cerebral hemorrhage            | JULY 5 1926 |

BUREAU V. S.

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset          |
|------------------------|
| Attack of epilepsy     |
| Run over by street car |
| Peritonitis            |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

3963

## 1. PLACE OF DEATH,

County CecilVillage or City New London

82-2

Registration Dist. No.

92

St., Ward

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Henry Alfonso Sherman

(a) Residence: No. \_\_\_\_\_ St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Husband Married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary Sherman

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 57 Months 11 Days 8 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years)  
spent in this occupation13 yrs12. BIRTHPLACE (city or town)  
(State or country)13. NAME No information14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Mrs Mary Sherman  
(Address) Childs Hall

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date April 17, 193619. UNDERTAKER Alphonse Sherman  
(Address) Elphin Hall20. FILED Apr 17, 1936 F. J. Smith, Jr.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 14, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Apr 12, 1936, to Apr 14, 1936

I last saw him alive on Apr 12, 1936; death is said

to have occurred on the date stated above, at 6:30 A.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Cerebral hemorrhageDate of onset  
4/12/36

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

if so, specify \_\_\_\_\_

(Signed) Albert Cole M. D.(Address) Elkin Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |            | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis               |            | 1915          |
| Chronic interstitial nephritis | MAY 6 1936 | 1921          |
| Cerebral hemorrhage            |            | July 5, 1927  |

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

Gastroenteritis

1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

45 yrs.

92-2

X Registration Dist. No.

3964

St., Ward

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

Colored

Widowed

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Alice Stewart

6. DATE OF BIRTH (month, day, and year)

July 11, 1861

7. AGE

Years

74

Months

9

Days

4

IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. OCCUPATION

OCCUPATION

kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Dec. 1936

Labourer

Days

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Arundel Co

Md

13. NAME

James Stewart

14. BIRTHPLACE (city or town)

Arundel Co

Md

15. MAIDEN NAME

Cecelia Burgess

16. BIRTHPLACE (city or town)

Arundel Co

Md

17. INFORMANT

Sadie Brooks

(Address)

Fairfax Court, Md

18. BURIAL, CREMATION, OR REMOVAL

Cokesbury Cem April 18, 36

Date

19. UNDERTAKER

Left Tatterson

(Address)

Terrylia, Md.

20. FILED

4-18 1936

L. Saunders

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 15, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan. 3, 1936, to April 14, 1936

I last saw him alive on April 14, 1936 death is said

to have occurred on the date stated above, et 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis Myocarditis

Atherosclerosis Endocarditis

Data of onset  
1930  
1930

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_ Part. 15 Bons. Rd.

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis* MAY 5 1936 1915  
*Chronic interstitial nephritis* 1921  
*Cerebral hemorrhage* BUREAU V. S. July 5, 19

### **Example II**

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

#### **Other contributory causes of importance:**

*Gallstones* *May 1, 1923*

#### **Other contributory causes of importance:**

*Gastroenteritis* 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County CecilVillage or City Blue Ball (No.)

## 2 FULL NAME

Sarah Eva WhiteSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 95

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Female WhiteMarried

6 DATE OF BIRTH

Feb 14, 1896  
(Month) (Day) (Year)

7 AGE

69 yrs. 3 mos. 14 days. If LESS than  
1 day \_\_\_\_ hrs.  
or \_\_\_\_ min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Housework

9 BIRTHPLACE

(State or country)

Cecil Co

PARENTS

10 NAME OF  
FATHERMildon Wilkinson11 BIRTHPLACE  
OF FATHER

(State or country)

Cecil Co12 MAIDEN NAME  
OF MOTHERSarah Ann Palmer13 BIRTHPLACE  
OF MOTHER

(State or Country)

Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lori Riss White(Address) Nottingham Pa R. S. 1

5

Filed

May 31

1936

Registrar

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Permit issued May 1-1936

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 30

1936

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
April 1, 1936 to April 30, 1936,that I last saw her alive on April 27, 1936,and that death occurred on the date stated above, at 8:10 P.M.

The CAUSE OF DEATH \* was as follows:

Tuberculosis of Throat

(Duration) yrs. mos. ds.

Contributory  
SecondaryNursing (Duration) 2 yrs. mos. ds.(Signed) George T. Magraw M. D.192 (Address) Avalonale\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death.

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Cecil Rosebank DATE OF BURIAL  
May 14, 1936

20 UNDERTAKER

C. P. Rogers ADDRESS  
Cecil Rd

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

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unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.